

CERTIFICATION REGARDING SEQUENCE LISTING

Application Number	09/269,874	TECH CENTER 2001 1600/2900
Confirmation Number	1745	
Filing Date	August 2, 1999	
First Named Inventor	BUJARD	
Examiner	J. Grun	
Group Art	1641	
Attorney Docket No.	GRUE003	

ADDRESS TO: Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

I hereby certify that the enclosed Sequence Listing is being submitted in paper copy and on a computer-readable diskette, and that the content of the paper and computer readable copies are the same.

I hereby certify that the enclosed submission includes no new matter.

CERTIFICATE OF MAILING OR TRANSMISSION

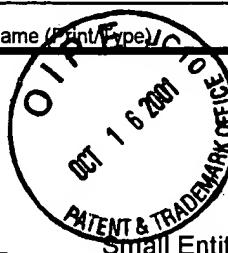
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231.

Name (Print/Type)	Cindy Hoang	Signature		Date	10-12-2001
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

GAC1641
Not Sequence

Name (Print/Type)	Cindy Hoang	Signature	<i>Cindy Hoang</i>	Date	10-12-2001	
 <p>TRANSMITTAL</p> <p><input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity</p>		Application Number	09/269,874			
		Confirmation Number	1745			
		Filing Date	August 2, 1999			
		First Named Inventor	BUJARD			
		Examiner	J. Grun			
		Group Art	1641			
		Attorney Docket No.	GRUE003			
ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule <input type="checkbox"/> 37 CFR § _____ <input checked="" type="checkbox"/> Pages <u>6</u>	Total				\$	-
	Independent				\$	-
	Multiple					
	Total Extra Claim Fees				\$	-
<input type="checkbox"/> Applicants Petition for an Extension of time from _____ to _____			A _____ month extension was previously filed and paid for thereby reducing the basic fee			
<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)			Filing Fee _____ Executed Declaration Pages _____ Other _____ _____ _____ _____ _____			
			Fee _____ Surcharge Fee _____ Fee _____ Fee _____ Fee _____ Subtotal \$ _____			
<input type="checkbox"/> Information Disclosure Statement			PTO Form 1449 Pages _____ Copies of Cited References _____ Other _____			
			Fee _____ Subtotal \$ _____			
<input checked="" type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)			Sequence Listing Certification Paper Copy of Sequence Listing Pages <u>18</u> Diskette in computer-readable format Other _____			
			Fee _____			

<input type="checkbox"/> Terminal Disclaimer	Fee		
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages	Fee	
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee	
<input type="checkbox"/> Reply Brief	Pages	Fee	\$ -
		Subtotal	\$ -
<input type="checkbox"/> Other Enclosures and/or Fees	Fee		
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES \$ -		
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Paula A. Borden		Registration No. 42,344
Signature			Date 10-12-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California zip 94025
Telephone - Direct Dial	650-327-3400		Facsimile 650-327-3231

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